

MAR 17 1998

REGION VII MULTIMEDIA SCREENING CHECKLIST

RCRA PERMITTING & COMPLIANCE BRANCH
(RPCB)Facility: NOBANDA ALUMINUM INCFacility Ownership: PUBLICLY OWNEDInspector: T. GUEOTHERAddress: ST. JUDE JAIL PARKFacility Contact: DOUG BACKFISCHPrimary Media: RCRA 313NEW MADRID, MO 63869Phone: (573) 643-2361 SIC code: 3334Date: 2/10/98County: NEW MADRID Section: _____Net Annual Sales Volume at that Location (\$): OVER \$100 MILLION

Township: _____ Range: _____

Number of Employees: 1170 Work Schedule/Hrs: 24 HRS DAY - 7 DAYS WEEK

1. Does the facility have permits or registrations in any of the following areas? [F=Federal, S=State, L=Local]
 () CWA: Pre-treatment, NPDES, 404-Wetlands () UIC () UST () PWS (☒) RCRA (☒) TRI () CAA () Other
 Describe: _____

2. What are the business, manufacturing or service activities at the facility? Mfg ALUMINUM

3. What raw materials and fuels are used by the facility? ALUMINUM OXIDE, NATURAL GAS, ELECTRIC, PETROLEUM COKE

4. Provide brief process description: PRODUCE ALUMINUM FROM ALUMINUM OXIDE THROUGH ELECTROLYSIS

5. What major process operations are used? (☒) blending (☒) mixing () reacting () distilling () filtering () separating
 () formulating () degreasing: water based, halogenated solvent based, non-halogenated solvent based () combustion
 () coating: water based, solvent based (☒) machining (☒) fabricating () assembly () printing (☒) laboratory analysis
 () electroplating: chrome () electroless plating () Other _____

Waste Stream Name	Generation Process	Quantity Per/Month	Final Disposition of Waste	Is Waste Hazardous?		
				No	Yes	Don't know
<u>PARTS WASTER</u>		<u>5000 GALS</u>	<u>SAFETY CLEAN</u>	()	(<input checked="" type="checkbox"/>)	()
<u>SPENT POTLINER</u>	<u>CYANIDE FLUORIDE</u>	<u>5000 TONS/YR</u>	<u>RECYCLES TO</u>	()	(<input checked="" type="checkbox"/>)	()
<u>ALUMINUM OXIDE</u>			<u>LOCAL LANDFILL ARKANSAS</u>	()	()	()
<u>COKE</u>			<u>✓ ✓</u>	(<input checked="" type="checkbox"/>)	()	()
				()	()	()

7. Description of surrounding area (access to children, public, economic condition): (☒) Industrial () Business: () Residential () Rural
 Potential environmental issues: _____

NPDES - National Pollution Discharge Elimination System. PWS - Public Water Supply. UIC - Underground Injection Control. WETLANDS

1. Where do the facility's wastewaters go? None Treatment Municipal Sewer Septic Injection Well Surface Water Storm Sewer
- | | | | | | | | | |
|---|-------------------------|-----|-----|---|-----|-----|-----|---|
| (<input checked="" type="checkbox"/>) Yes | Process Wastewaters | () | () | () | () | () | () | (<input checked="" type="checkbox"/>) |
| (<input checked="" type="checkbox"/>) Permitted | Non-Contact Wastewaters | () | () | () | () | () | () | (<input checked="" type="checkbox"/>) |
| (?) Don't know | Sanitary Wastewaters | () | () | (<input checked="" type="checkbox"/>) | () | () | () | () |
| | Other _____ | () | () | () | () | | | |

Comments: _____



R00085086

RCRA Records Center

2. Did you observe any wastewater discharges not mentioned above? (☒) No () Yes
 Location of discharge: _____ Appearance of discharge: _____

3. Where does the facility get its: Process water? (☒) City/Rural district () Private well () Pond () River () Other _____
 Drinking water? (☒) City/Rural district () Private well () Pond () River () Other _____

Is public water source protected by backflow prevention device? () No (☒) Yes () Don't know

4. What is the source of drinking water for the area around the facility? (☒) Rural/Municipal source () Private well

5. Are there any surface water bodies (ponds, streams, lakes, rivers) or temporarily wet areas that have been disturbed (filling, waste disposal, ditching, excavation, damming, dredging, etc.)? () No (☒) Yes () Don't know

Describe/locate: RETENTION POND FOR PROCESS WATER + NON CONTACT WASTEWATER GOES TO MISSISSIPPI RIVER

CAA - CLEAN AIR ACT

1. Are there any non-steam/water vapor, visible smoke or dust emissions? ☒ No () Yes Source: _____ Time: _____
2. Are there any fugitive emissions? ☒ No () Yes Leaving property? () No () Yes Source: _____ Time: _____
3. In the past 2-3 years, has the facility modified or installed any new air emission points? ☒ No () Yes
Describe: IN EARLY STAGES OF ADDING ONE
4. Are the facility's air conditioning, refrigeration, or motor vehicle air conditioning systems: ☒ Self-serviced? () Contract Serviced? () Both?
Do the units contain: ☒ < 50 lbs. And/or () > 50 lbs. of refrigerant? Service Company Name: _____

RCRA - RESOURCE CONSERVATION AND RECOVERY ACT & UST's - UNDERGROUND STORAGE TANKS

1. Does the facility conduct or have any of the following on-site waste management activities? () Treatment () Burning () Landfills
() Surface impoundments () Storage () Recycling - Are recyclables stored more than one year? ☒ No () Yes
2. Is a wastewater sludge generated? () No ☒ Yes Is it hazardous? ☒ No () Yes () Don't know
Where does the sludge go? () Hazardous waste disposal site ☒ Off-site landfill () On-site landfill () Land applied
3. Does the facility generate used oil? () No ☒ Yes Are the containers labeled "Used Oil"? () No ☒ Yes
4. Did you observe any hazardous waste containers or tanks which were leaking, open, or not labeled? ☒ No () Yes
Describe: _____
5. Are there any signs of past spills or releases (dead/stressed vegetation, stains, discoloration)? ☒ No () Yes
Describe: _____
6. Does the facility have any underground storage tanks that contain petroleum products? ☒ No () Yes
7. Do any of the chemical, industrial, or hazardous waste handling procedures concern you? ☒ No () Yes
Describe: _____

TITLE III - EPCRA - EMERGENCY PLANNING AND COMMUNITY RIGHT TO KNOW ACT & SECTION 5 TSCA - TOXIC SUBSTANCES CONTROL ACT

1. Have Toxic Chemical Release Forms (Form R's) been submitted under Section 313 of EPCRA? () No ☒ Yes [must have > 10 employees]
2. Have hazardous chemical inventory forms (Tier II forms) ever been submitted under Section 312 to local Emergency Planning Committees or fire department? ☒ Yes () No If no, describe gross storage volumes, and type of chemicals stored: _____
3. Does the facility import or manufacture a chemical substance? ☒ No () Yes
Describe type and intended use: _____

PCB's - POLYCHLORINATED BIPHENALS & SPCC - SPILL PREVENTION CONTROL AND COUNTERMEASURE PLAN

1. Does facility have any equipment in service that contains PCB's at > 500 ppm, that is leaking or not labeled? ☒ No () Yes () Don't Know
2. Does facility have any equipment in storage that contains PCB's at > 50 ppm, that is leaking or not labeled? ☒ No () Yes () Don't know
3. Does the facility have above ground tanks that store petroleum, synthetic, animal, fish, or vegetable oil, in a single tank > 660 gallons or tanks with an aggregate volume > 1320 gallons, that are or show evidence of recent leaks into waters of the state? () No ☒ Yes
Describe: HYRATHIC OIL - DIESEL FUEL

FIFRA - FEDERAL INSECTICIDE, FUNGICIDE, AND RODENTICIDE ACT

1. Does the facility manufacture, repackage, or apply pesticides? ☒ No - STOP HERE () Yes
Are rinsates handled in an environmentally sound manner? () No () Yes Describe: _____
2. Do workers use personal protective equipment (gloves, long sleeve shirts, coveralls) when mixing/loading? () No () Yes
Describe: _____

Please note any photo's taken to document potential problems.